

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

1011490101
APPLICANT/ET

FILING DATE

CLAIMS

	AS FILED		AFTER SEARCHED		AFTER EXAMINED		
	100.	O.C.P.	100.	O.C.P.	100.	O.C.P.	
1			1				
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49			1				
50			1				
TOTAL 100.			55				
TOTAL O.C.P.			22				
TOTAL							

CLAIMS	100.	O.C.P.	100.	O.C.P.	100.	O.C.P.
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TOTAL 100.			1			
TOTAL O.C.P.			1			
TOTAL						

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